IPM GA | INSURANCE PROGRAM MANAGERS GROUPS & ASSOCIATIONS

CSAE INSURANCE SERVICES

Third Party Certificate Request Form

Name of Association (Insured)

INFORMATION REQUIRED FOR ISSUING THE CERTIFICATE

1. Name of Event / Activity / Program

2. Location Name of Venue or Third Party requesting the Certificate

3. Address of Venue or Third Party requesting the Certificate

City	Province	Postal Code

Additional Insured(s) (if applicable, include address if required):

4. Date of Event (mm/dd/yyyy)

5. Please provide brief description of Event / Activity / Program: (For example, Conference, Booth at event, Annual General Meetings, Raffles, Golf Days, Sponsored Walks and so forth?)

6. No. of attendees / participants at this event if applicable

7. Are you organizing or attending event?

8. Is there alcohol involved? ☐ Yes ☐ No

☐ (a) minimal

☐ (b) cash bar?, or

(c) If alcohol served, confirm it will be served by venue & their staff ☐ Yes ☐ No

EVENT TYPES TO BE REFERRED TO INSURER

- Hockey, soccer, football, basketball, baseball, marathons, Horseback riding, Spa days, whitewater rafting, bungee jumping and so forth.
- Events involving supervision of children.
- Events where alcohol is being served by your association (not an insured venue or catering company), or galas over 500 attendees
- Meetings / Trade Shows / Conferences hosted by Association taking place ***outside*** of Canada.

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